

## Neighborhood Street Closure/Block Party Application

Application and payment of fees for this permit must be made at least 30 days prior to your event.

Permit fee is \$50.00. Checks should be made payable to the City of Greensboro.

\*\*All other requests for special events should be made using the Special Event Application\*\*

Date(s):		Inclement We	Inclement Weather/Rain Date(s):		
Street	s Requested to be Closed	i:			
A.	Name of street to be clo	osed:			
	Beginning Point/intersection	on:			
	Ending Point/Intersection:				
	Start Date of closure:		_Beginning Time: _		
	End Date of closure:		_Ending Time:		
В.	Name of street to be clo	osed:			
	Beginning Point/intersection	on:			
	Ending Point/Intersection:				
	Start Date of closure:		_Beginning Time: _		
	End Date of closure:		_Ending Time:		
Applica	ant Name:		Tit	tle:	
Addres	s:	City:	State:	Zip:	
	Ce			x:	
Street  Notific residen	Event Permit.  Closure Set-Up: Executing Fire Lane: 20' Wide Fire-L Vendors: All vendors show Handicap Sidewalk Ramps  cation: Event Producer must nees of the event details at	the street closure mane must be maintauld be contained with Handicap Sidewall at utilize the attached least 15 days prior to	close and open acco nust be done by Lav ined throughout all in street closure, n Ramps should ren I notification form t		
	f notification form distributi				
Signatu	ıre:		Da	ate:	

RETURN COMPLETED APPLICATION TO:

Kendrick Mayes, City Special Events Coordinator Greensboro Parks and Recreation Department, Special Events Office Cultural Arts Center, 200 North Davie Street. Box 2 Greensboro, NC 27401

Phone: 336-373-4572 Fax: 336-373-2659



## **Event Notification Form**

This letter is to inform you of a Special Event that will have an effect on your street. This Special Event is being granted a permit and will be a community-wide function. We would also like to invite you to take part in the event. Please see the below for the event details.

<b>Event Details:</b> Event Day/s:							
Event Hours:							
Event Description:							
Street Closures invo	olved with Event:						
A)	Street:	from		to			
	Times: Initially Closed	l:	_Opened Back	Up:			
B)	Street:	from		to			
	Times: Initially Closed	l:	_Opened Back	Up:			
C)	Street:	from		to			
	Times: Initially Closed	l:	_Opened Back	Up:			
Parking Areas invol	ved with Event:						
Will On-Stree	et Parking be affected?	□Yes	□No				
Planned Parki	ing Areas:						
Patron	ns Attending Event:						
Worke	ers/Vendors for Event:						
<b>Event Producer Cor</b>	ntact Information: Plea	ase contact even	t producer with	n problems or concerns.			
Name:	On-Site Contact Number:						
Event Website:							

Phone: 336-373-4572 Fax: 336-373-2659



## Special Event Release of Liability Waiver

I, (please print name)	, representing						
(organization)	acknowledge that I						
am not covered by any City of Greensboro insurance policy, that our organization agrees to hold the							
City of Greensboro, its officers, its employees, and its agents harmless from any and all claims, losses,							
damages, or claims or liability arising out of or proximately caused by the undersigned from any							
activity, including the cost of the defense of claim and attorneys fees.							
This the day of							
(Applicant Signature)							
This form must be completed, signed and returned with the co	mpleted application.						